

Testing a Model Designed by the State that Targets Health Care Delivery, Coordination, Quality, or Access

Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). Funded by the [Children’s Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.¹

This report summarizes the strategies that States are implementing under the fifth category (Category E), “testing an approach to quality improvement of the State’s own design,” and highlights some of the key questions addressed by the national evaluation.

Importance of Innovation in States

This category provides States with the opportunity to be creative in their efforts to improve the quality and coordination of health care for children. States often serve as laboratories for the Nation. If a demonstration or initiative is successful in a particular State, then its evaluation could help inform its replication in other States. The goals for these projects are to: (1) implement a new or expand an existing, replicable model of care to improve quality of children’s health care, especially for children with special health care needs, (2) learn how best to implement these new models of care, and (3) determine the impact of these models of care on children’s health care access and quality.

Demonstration Project Activities

Nine of the 18 demonstration States are implementing demonstrations in this category: Colorado, Florida, Georgia, Idaho, Illinois, Massachusetts, New Mexico, Utah, and Vermont. The States’ activities, all of which aim to complement work in another grant category, vary widely. Some are working to build partnerships and infrastructures to improve quality of care within and among States; some are focused specifically on developing and using measures to improve quality of perinatal care; and some are implementing a variety of other initiatives.

Partnership and Infrastructure Building

The goals of **Vermont**’s project are to: (1) help an additional 20 States, including Maine, develop sustainable, State-level improvement partnerships and (2) evaluate the implementation, efficiency, and impact of the improvement partnership model. The staff in Vermont who are implementing this project have worked for many years with the [National Improvement Partnership Network \(NIPN\)](#), a national effort to extend the network of States that have developed partnerships to improve children’s health care.

¹ The five grant categories are projects that (1) show how a core set of children’s quality measures can be used to improve quality of care for children (Category A), (2) promote the use of health information technology to enhance service quality and care coordination (Category B), (3) implement new or more comprehensive provider-based models of service delivery (Category C), (4) demonstrate the impact of a model electronic health record format for children (Category D), and (5) test an approach to quality improvement of a State’s own design (Category E).

Based on contributions from multiple public and private stakeholders, including NIPN, **Utah and Idaho** are working together to implement a State improvement partnership in Idaho that will collaborate with Utah's [Pediatric Partnership to Improve Healthcare Quality \(UPIQ\)](#) to provide leadership, support, and infrastructure for quality improvement initiatives.

Massachusetts is assembling a group of stakeholders, [The Massachusetts Child Health Care Quality Coalition](#), to develop a shared understanding of child health care quality priorities, create a platform for formulating system-wide goals and objectives, and implement activities to support those goals, including new measures of quality. The coalition includes 40-50 senior leaders representing providers, health plans, hospitals, patients, families, and consumer advocacy organizations.

Measures Related to Services for Pregnant Women and Newborns

Florida is working closely with the [Vermont Oxford Network \(VON\)](#), a broad-based committee concerned with Neonatal Intensive Care Units (NICU) and other perinatal care services, to identify care that is not meeting clinical standards and design a project to improve adherence to such standards.

Illinois is working on several perinatal initiatives including: (1) efforts to develop prenatal care guidelines and an associated curriculum for medical schools, (2) a pre-conception risk screening tool and a corresponding training program for prenatal providers, and (3) models of care for high-risk pregnancies.

Other Quality Improvement Strategies

Georgia is implementing a network of certified family and youth peer support specialists to enhance the State's behavioral health workforce. The goal is to ensure that these peer specialists, who will be trained to support youth with serious behavioral health needs and their families, will be easily accessible to families and youth in each region of the State.

Colorado and New Mexico are working on projects that are closely connected to their efforts to implement a new provider-based model through school-based health centers (SBHCs). For this project, they are focusing on efforts to improve preventive care, increase screening rates, and enhance management of chronic conditions.

Evaluating These Projects

Because the demonstration projects in this category vary in both scope and methods, the national evaluation will analyze information on the implementation and outcomes of each individual project. The team will gather information from interviews and State reports to address the following questions:

- What model was implemented and how?
- In what ways did the model complement the State's other projects?
- To what extent was the model implemented as planned?
- Did the project achieve its objectives?

Learn More

To learn more about the individual projects in this grant category, use the following links: **Colorado, Florida, Georgia, Idaho, Illinois, Massachusetts, New Mexico, Utah, and Vermont.**

To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation's Web page at <http://www.ahrq.gov/chipra/demoeval> or send an email to CHIPRADemoEval@ahrq.hhs.gov.